

## Standard Summary Project Fiche – IPA centralised programmes

### **Project number 5: Implementation of the National screening programme for colorectal, cervical and breast cancer**

#### **1. Basic information**

- 1.1 CRIS Number: 2009/021-638**
- 1.2 Title:** Implementation of the National screening programme for colorectal, cervical and breast cancer
- 1.3 ELARG Statistical code:** 02.28
- 1.4 Location:** Republic of Serbia

#### **Implementing arrangements:**

- 1.5 Contracting Authority:** EC Delegation (ECD) in the Republic of Serbia
- 1.6 Implementing Agency:** ECD
- 1.7 Beneficiary:**

Republic of Serbia, Ministry of Health, Nemanjina str.22-26, Belgrade

The Senior Programming Officer is an Assistant Minister of Health/State Secretary

The Steering Committee, chaired by the SPO, will include representatives from each of the National Commissions for Breast Cancer, Cervical Cancer and Colorectal Cancer, as well as other relevant representatives from the Ministry of Health, the Ministry of Finance and the EC Delegation. The Steering Committee will meet regularly to provide continuous input on policy and technical matters throughout the Project implementation.

#### **Financing:**

- 1.8 Overall cost (VAT excluded): 6.6 million EUR**
- 1.9 EU contribution: 6.6 million EUR**
- 1.10 Final date for contracting:** 2 years after the signature of Financing Agreement (FA).
- 1.11 Final date for execution of contracts:** 4 years after signature of FA.
- 1.12 Final date for disbursements:** 5 years after signature of FA.

## **2. Overall Objective and Project Purpose**

### **2.1. Overall Objective**

To contribute to the improvement of the health and wellbeing of the population of Serbia by strengthening preventive health care services.

### **2.2 Project purpose**

To improve the health of the population in Serbia through the implementation of organized screening programmes for breast cancer, cervical cancer and colorectal cancer.

### **2.3 Link with AP/NPAA / EP/ SAA**

*Link with EP*

Economic Criteria: continue the reform of health insurance system.

European Standards, Employment and Social Policy: develop adequate structures and capacity in the field of health protection.

For the European Partnership, the reform of the health care system and particularly the health insurance fund is determined by financial sustainability with a view of improving the health of the population.

The project links to the following objective cited in the EP under the Short-term Priorities, European Standards, Employment and Social Policies (page 11): “Develop adequate administrative structures and capacity in the field of health protection.”

By implementation of this project, the health care system of the Republic of Serbia will develop an organized system for early detection of cancer, accessible to all citizens, thereby reducing inequalities in health and including vulnerable groups, especially women, due to the particular project focus on the prevention of cervical and breast cancer. This will decrease the number of people suffering from malignant diseases, subsequently reducing the cost of treatment of such patients (both the national health insurance and the out of pocket payments, which in turn supports poverty reduction).

The detection of cancer at an early stage is of crucial importance for treatment, as it is then treated while curable and when it is possible to prevent local relapses and/or distant metastases, as well as to provide better quality of life for the patient. This project will support the implementation of National Cancer Screening Programmes already developed for breast, cervical and colorectal cancer. These programmes follow the principles set forth in the Council Recommendation of 2 December 2003 on Cancer Screening (2003/878/EC), which constitutes part of the *acquis communautaire* in the field of health. Among other things, the National Programmes in Serbia harmonise directly with the EU standards which emphasise equal access and quality assurance in cancer screening programmes.

The implementation of this project will enable an improved quality of life by the provision of increased comfort for patients, both in terms of their health and the duration of treatment. By doing so, hospital stays will decrease and a reduction in the number of expensive surgical

interventions with accompanying therapy will be achieved, facilitating the availability of space for the treatment of a larger number of patients over a shorter period of time. These facts will contribute to a better quality of health services, as well as improved efficiency and greater patient satisfaction.

The subsequent reduction in the costs of treatment will ensure significant savings for the national health insurance system, while maintaining working capacity among the patients and decreasing disability. A healthy population is the precondition for adequate socio-economic development in Serbia.

#### **2.4 Link with MIPD**

An objective of the MIPD is to improve preventive health services with an emphasis on screenings; outreach work in the communities and health promotion,. This project will contribute to the following expected MIPD 2009-11 results under section 2.3.1.2 Socio-economic requirements - administrative capacities and efficiency improved in health care system, especially in conditions of limited human and financial resources. Preventive health services improved. Existing legislation (i.e. laws on health protection, disease prevention, promotion of physical and mental health, health insurance and various chambers) revised and progress towards alignment with the EU *acquis*.

The project will help elevate the quality of health institutions and increase access to the health care system for vulnerable groups (particularly women), developing outreach work in the communities and building health promotion. Improved screening will enhance preventive health services and will contribute to the better use of resources through the early diagnosis and treatment of cancers.

#### **2.5 Link with National Development Plan**

N/A

#### **2.6 Link with national/ sectoral investment plans**

*Poverty Reduction Strategy (PRS):*

The aim of the PRS in the health sector is to promote the health and wellbeing of the population and, particularly to reduce inequities in health status by improving the conditions of vulnerable groups of the population. This objective will be achieved by the development of health and care programmes adjusted to vulnerable groups and the fairer redistribution of resources in the health sector by geographic region (PRS, Section 4.2.1., Goals, page 136).

Through this project, cancer screenings will be made available equally to all citizens across Serbia. The media campaign will aim to raise public awareness across all areas of the country so that vulnerable populations in even remote areas will have access to information about the screenings which will be conducted free of charge at the primary, secondary and tertiary health care levels, as appropriate.

“Better Health for All in the Third Millennium,” the Health Policy of the Republic of Serbia, adopted in February 2002, foresees:

- A. Safeguarding and improving the health status of the population in Serbia and strengthening the health potential of the nation.
- B. Improving the functioning, efficiency and quality of the health care system and defining of specialised national programmes related to human resources, institutional networks, technology and provision of medical supplies.
- C. Improvement of the human resources for health care.

Among its objectives, the Policy aims to ensure and improve the equal access to health care for all Serbian citizens with a focus on urban and rural disparities. This includes improving the health care of groups in an unfavourable position and helping people with special needs and other vulnerable sectors of the population by recognizing the particular health needs of these groups and adopting programmes for synchronised action at all community levels. It is also important to link primary health care institutions (*dom zdravljas*) with educational and other institutions.

The National Programmes for the screening of cervical, breast and colorectal cancer are basic sectoral documents for project implementation. The Serbian health care system recognizes the problem of high mortality related to these three types of cancer and in 2008 the Ministry of Health created these three national programmes which are fully in line with EU standards, but also adjusted to the health status of the Serbian population and to the resources available over the longer term.

**These programs are in line with the EU Council Recommendation of 2 December 2003 on Cancer Screening (2003/878/EC).**

The Ministry of Health of the Republic of Serbia was awarded the “Pearl of Wisdom 2009 for the Serbian National Cervical Cancer Screening Programme” at the 3<sup>rd</sup> Cervical Cancer Summit Meeting at the European Parliament in Brussels on 21 January, as part of European Cervical Cancer Prevention Week 2009. The Republic of Serbia was honoured as the country which best recognized the problem and undertook the necessary steps to address it.

Implementation of this project will contribute to achieving the objectives stated in the relevant national and sectoral strategies: efficiency and quality of health care, improvement of the health status of the population and human resources capacity building by further development of educational opportunities.

The Serbian Law on Health Care from 2005, Article 2, stipulates the implementation of measures aimed at maintaining and enhancing the health of the citizens, including the prevention, suppression and early detection of diseases, injuries and other health disorders, and timely and efficient treatment and rehabilitation.

This Law also states in Social care for the health of the nation, Article 8, that the health care system has to provide measures related to the prevention, early detection and suppression of diseases. The proposed project aligns directly with these principles.

### 3. Description of project

#### 3.1 Background and justification:

Breast, cervical and colorectal cancer are the three most frequent types of cancer among the Serbian population. In 2004, in the Republic of Serbia the cancer incidence overall was 331.7 in 100,000 inhabitants (WHO European Health records for all databases). Every year about 32,000 new cases are diagnosed in Serbia and every year about 20,000 people die of cancer. Between 1997 and 2007, the mortality rate of all leading types of cancer (except stomach cancer) in women increased. During this period, mortality rates increased by 9.4% for cervical cancer, by 4.1% for breast cancer and by 1.8% for cancer of the large intestine. One epidemiological study showed that the colorectal cancer incidence in Serbia is around 45 per 100,000 inhabitants, thus the incidence in Serbia is very close to that in developed European countries. Breast cancer is the most frequent malignant tumour among women,. There are 4,000 newly registered cases a year, or more than a quarter of all malignant illnesses among women. 1,699 women die of breast cancer annually, which makes up for around 18% of the total mortality rate caused by cancer. According to WHO data, the Republic of Serbia has the **highest incidence of cervical cancer in Europe.**

The detection of cancer at an early stage is of crucial importance for its treatment, both because of the possibility of healing and the prevention of local relapse and/or distant metastases, and for the maintenance of quality of life. Patients with a tumour detected in the initial or pre-malignant stage may be treated much more successfully. The diagnostic procedures for early detection are non-invasive and very simple to perform, and they are also very cost-effective because cancer treatment in its earlier phases is significantly less expensive than treatment which is initiated in the later stages of the disease. Unfortunately, because of the lack of systematic screening programmes, a large number of patients come in for treatment at an advanced stage of the illness, when radical treatment is no longer possible.

Along with increased comfort for patients, both in terms of their health and their potential for an extended life span, the implementation of effective screening will contribute to shorter hospital stays, a reduction in the number of expensive surgical interventions with accompanying therapy and will make space for treating a greater number of patients over a shorter period of time. A reduction in the costs of treatment, with the maintenance of working capacity and a general decrease in disability, also will enable significant savings for the Republic Health Insurance Fund.

The Ministry of Health recently has launched the first steps towards developing an organized screening system of cervical cancer. The health system already has some resources to establish screening programmes, but it needs upgrading in terms of re-education of staff and supply of new equipment.

In its efforts to address the need for cancer detection at the earliest possible stage, the Ministry of Health, together with all relevant stakeholders, has created screening programmes for the following three types of cancer: colorectal, breast and cervical. These screening programmes were designed in accordance to the provisions laid out in the Council Recommendation on Cancer Screening (2003/878/EC). The programmes have been adopted by the Government of the Republic of Serbia and are ready for implementation. As specified in these screening programme documents, quality assurance mechanisms will be in place at all health care levels to ensure that EU quality assurance standards are followed. The

programmes were developed in line with the EU evidence-based guidelines for breast and cervical cancer, and will also follow the guidelines which will soon be available for colorectal cancer.

The document, *Guidelines for Prevention of Malignant Diseases*, was produced as part of the project funded by the EU and managed by EAR, “Improving Preventive Health Care Services”. This document comprises national guidelines for physicians working at the primary health care level. The Council Recommendation on Cancer Screening was one of the key references used in the preparation of these guidelines.

An awareness-raising campaign is necessary to inform the general public of the importance of regular medical examinations, while the target groups are:

1. Female population 25-69<sup>1</sup> years of age for cervical cancer screening
2. Female population 45-69 years of age for breast cancer screening
3. Population aged 50 years plus, without any symptoms, for colorectal cancer screening

All women and men from the target groups will receive invitations for the screenings at their home address. For breast and colorectal cancer screenings, this will be done according to the territory of a district covered by the appropriate hospital, while for cervical cancer screenings, invitations will be sent according to the *dom zdravlja*<sup>2</sup> which covers the corresponding municipality. This forms the basis of the call/recall system that is being developed as part of the quality assurance system in Serbia to ensure that citizens in the target populations will participate regularly in cancer screenings (in compliance with the recommended time intervals). The National Office for Screening will be established by the Ministry of Health in 2009 and will be in charge of coordination, monitoring and evaluation of all activities in this field. The National Office will also be responsible for maintaining the centralized data system with a list of all categories of persons to be targeted by the screening programme and data on all screening tests, assessments and final diagnoses. Another important function of the National Office is the coordination and consultation with international professional bodies such as the International Agency Research on Cancer (IARC). As such, the National Office will maintain regular contact with the IARC and similar organizations in an effort to ensure that the cancer screening system in Serbia is kept up-to-date.

The media campaign for all three types of cancer will begin in 2009 with funding from the Ministry of Health’s budget, but additional funds are needed for its continuation. Also, the Ministry of Health will allocate financial resources from the state budget to supply some equipment and initiate the education programme. With limited budgetary resources, however, additional funding is needed to procure other necessary equipment and to educate and re-educate health workers in order to ensure full coverage of the population over the longer term.

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<sup>1</sup> The upper age limit of the target group for cervical cancer screening was set at age 69 because the incidence of cervical cancer in Serbia is as high for this age group as it is for women between the ages of 45-50. This was done with the aim to enrol older women who are coming in for screening in advanced stages. Once these women have been covered (in the first round) the upper age specification will be shifted back to age 65.

<sup>2</sup> There are three levels of health care in the health system of the Republic of Serbia: primary (*dom zdravlja*), secondary (general hospitals) and tertiary (clinical-hospital centres, clinical centres, institutes).

This project would contribute to almost full implementation of the above mentioned programmes and to the establishment of an organized cancer screening system in the Republic of Serbia through capacity building of the National Office for Screening, procurement of equipment, education of staff and implementation of a media campaign. Additional funds are needed for full implementation of the National Programme for all three types of cancer, which entails training of all staff engaged in the implementation of the early detection of malignant tumours as well as the supply of necessary equipment.

### Equipment

The screening programme for cervical cancer will be performed at the primary health care level (158 dom zdravljas), and screening programmes for colorectal and breast cancer will be performed at the secondary and tertiary levels. Initial clinical examinations are generally done at the primary care level.

**Cervical cancer screening** is performed by taking cervical smears by gynaecologists at the dom zdravljas, all of which have health care services for women. Smears are further processed in patho-hystological laboratories where the following equipment is used:

- ♦ Professional binocular microscope with lenses 10x, 20x and 40x
- ♦ Educational microscope

The number of microscopes per dom zdravlja depends on the number of inhabitants covered by this institution. Currently, 40% of dom zdravljas own one microscope, 30% own 2-6 microscopes and the remaining 30% do not have microscopes. There is therefore a need for 100 additional microscopes to facilitate adequate diagnosis of cervical cancer and full coverage of the population.

The provision of adequate equipment, mammography units, and appropriate human resources, in the first place radiologists and X-ray technicians trained to perform mammography examinations, is a precondition for the organization and implementation of breast cancer screening programmes.

According to the 2008 Ministry of Health data, there are 52 analogous mammographic devices in Serbia. In order to achieve full coverage of the population in the abovementioned institutions with mammography units, analysis shows that a minimum of **50** additional mammography units are needed, as is the education of staff which will become qualified to use these devices.

Breast cancer screening will be performed at primary health care level, with a part of mammography examinations done at a few general hospitals, due to the fact that some of them already have staff educated for mammography screening.

Screening test for the colorectal cancer - test for the presence of occult (invisible to the naked eye) blood in the stool, FOB test, will be performed on the primary health care level. Persons with a positive test on occult blood in the stool should be sent for a colonoscopic examination to determine the cause of the occult bleeding. If preparation is adequate and if endoscopists are trained to perform the complete colonoscopy, colorectal cancer is detected in 90-95% of cases by a colonoscopy.

The test for occult bleeding as the screening test will be performed in dom zdravljas and the colonoscopy, as the method for early detection, will be performed at secondary and tertiary health care levels, where there are presently about 15-20 colonoscopes.

In order to achieve full coverage of all institutions performing screenings of colorectal cancer there is a need for 10 additional colonoscopes as well as 250 FOBT tests per dom zdravlja (to conduct 40,000 tests).

The human resource capacity is adequate with additional education and re-education of a certain number of employees which would be targeted through this project.

Institutions in charge of implementation of the project are the Ministry of Health, the National Screening Office at the Public Health Institute of Serbia "Dr Milan Jovanovic Batut," Clinical Centres, prevention centres at dom zdravljas and general hospitals.

### **3.2 Assessment of project impact, catalytic effect, sustainability and cross border impact**

In accordance with the National Programmes for screening, the sustainability of the project will be ensured through the commitment which will support the long-term screening programme on annual basis.

The progress of screening in our country after the end of this project will be based on continuous medical education, with a points system in line with the request of the Serbian Medical Chamber, and the obligation of widening the circle of lecturers and transferring knowledge to future generations (education of educators). This will be combined with the establishment of an equipment maintenance service, regular updating of the database and a continuous media campaign which will aim to encourage mobilisation and awareness-raising of the entire population. The final result is expected to be that a high proportion of the population will respond to the calls for screenings, which will in turn lead to a greater number of early detected cancers.

The Republic of Serbia will provide resources for the implementation of this programme from the national budget. This will be done by including the relevant activities in the respective annual plans of budgets (number of tests, number of working hours, number of colonoscopy examinations, etc.) by implementing authorities. The resources for health services and health service providers will be allocated by the National Health Insurance Institute fund. According to this, resources allocated for the implementation of National Programmes will be defined every year in the process of adoption of the national budget and health budget, depending on the dynamics of expenditures from the previous year.

### **3.3. Results and measurable indicators:**

**Result 1:** Functional and operational system for screening breast cancer, cervical cancer and colorectal cancer system is in place in the Republic of Serbia

*Measurable indicators:*

- ♦ Quality standards for performing screening programmes are established in accordance with EU quality assurance guidelines for all three types of cancer

- ◆ Human Resources Management plan for screenings in place
- ◆ Annual plan for invitation of target groups for medical examination is done
- ◆ Cancer screening data base developed in line with the European Network of Cancer of Registers (module in HIS and in primary health care information system) is operational by project completion
- ◆ Number of training modules held for health care workers for the early detection of cancer
- ◆ Number of health care workers educated to conduct cancer screenings
- ◆ Number of health care institutions equipped for cancer screening

**Result 2:** Public awareness raised about the importance of early detection of cancers among the general population of Serbia.

*Measurable indicators:*

- ◆ Percentage of women who responded to invitations and came to health care institutions (dom zdravlja or other) after the first and subsequent invitations for screenings for all three types of cancer
- ◆ Percentage of men who responded to invitations and came to dom zdravljas after the first and subsequent invitations for screening of colorectal cancer
- ◆ Number of persons who underwent screening for the three types of cancer
- ◆ Number of persons who returned at regular intervals to undergo subsequent screenings
- ◆ Number of early detected cancers annually
- ◆ Number of individual invitations for screening sent annually

### **3.4 Activities:**

#### **Functional and operational system for screening breast cancer, cervical cancer and colorectal cancer is in place in the Republic of Serbia**

1.1 Design of the training programme for health care workers who will be involved in conducting cancer screenings.

1.2 Training for health care workers for conducting the screenings for breast cancer, cervical cancer and colorectal cancer.

1.3 Installation of equipment for performing the screenings: 50 mammography units; 100 microscopes; 10 colonoscopes; 40,000 FOBT tests.

1.4 Development of a data base for relevant data collected through screenings, in accordance with applicable legislation on personal data protection, which the National

Office for Cancer Screening will use as a necessary tool for monitoring, evaluation and decision making

1.5 Design and implementation of trainings for staff in the National Office for Cancer Screening on the coordination, planning, monitoring and evaluation of screening programmes.

### **Public awareness raised about the importance of early detection of cancers among the general population of Serbia.**

2.1 Development of a media campaign about the importance of cancer screening.

2.2 Implementation of the media campaign at both local and national levels.

2.3 Implementation of a call/recall system for the invitation of target groups to periodic medical examinations (screening) and ensuring equal access to screening, taking due account of the possible need to target particular socioeconomic groups.

This project will be implemented through 1 service contract and 1 supply contract.
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### **3.5 Conditionality and sequencing:**

- ♦ The Government of the Republic of Serbia continues to demonstrate a full commitment to initiate cancer prevention activities across all levels of the health care system
- ♦ The Ministry of Health will ensure that the necessary budget and human resources as well as suitable premises/storage locations for equipment supplied under this project is made available.
- ♦ The Ministry of Health is responsible for coordination of stakeholders at all levels, ensuring that they are mobilised to participate in the project particularly with training provision.

In terms of sequencing, the Service and Supplies contracts will run in parallel, since the capacity building, training, public awareness raising and data base development activities can be initiated while the procurement of equipment is underway.

### **3.6 Linked activities**

A pilot project for colorectal cancer screening of the Ministry of Health of the Republic of Serbia, “Development of preventive health care services in Serbia,” was funded by the EU CARDS Programme through the European Agency for Reconstruction and ran from September 2004 to August 2007. The research from that project included the territories of Valjevo, Subotica and the municipality Vozdovac in Belgrade.

Results of the EU-funded 2004 CARDS project, “Development of a Health Information System for Basic Health and Pharmaceutical Services in the Republic of Serbia,” also known as the EHR (Electronic Health Record) will be taken into account when developing the data base of information from the screenings. The EHR project comprises the establishment of a clearing house data base of medical information for each citizen in the Republic of Serbia.

The individual EHR is a collection of information related to the health of a patient, spanning a continuous period “from cradle to grave”.

In the area of cancer screening, the World Health Organisation funded a pilot project for cervical cancer screening in the Serbian district of Branicevo, in accordance with WHO recommendations screening programme organisation, including quality control. This programme is fully compliant with the existing EU Recommendations. The WHO had also extended one-year support (financial and technical) for the National Commission for Screening in the preparation of the National Programme and the creation of software for the Branicevo district for cervical cancer. This software is made available to the Ministry to be used for national screening in the future.

### **3.7 Lessons learned**

The reports of the implemented pilot projects (Branicevo district for cervical cancer and Subotica, Vozdovac and Valjevo for colorectal cancer) show the importance of early diagnostics of cervical cancer and large intestine cancer for the reduction of mortality rates of these diseases.

These results point out the need for expansion of these activities to all health institutions, i.e. all districts, in order to achieve adequate coverage and improve the health of the population.

**4. Indicative Budget (amounts in EUR)**

			TOTAL EXP.RE	SOURCES OF FUNDING								
				IPA COMMUNITY CONTRIBUTION		NATIONAL CONTRIBUTION					PRIVATE CONTRIBUTION	
ACTIVITIES	IB (1)	INV (1)	EUR (a) = (b) + (c) + (d)	EUR (b)	%	Total EUR (c) = (x) + (y) + (z)	%	Central EUR (x)	Regional / Local EUR (y)	IFIs EUR (z)	EUR (d)	%
Contract 1.1 (TA)	x		2.100.000	2.100.000	100%							
Contract 1.2 (Supplies)		x	4.500.000	4.500.000	100%							
TOTAL IB			2.100.000	2.100.000	100%							
TOTAL INV			4.500.000	4.500.000	100%							
<b>TOTAL PROJECT</b>			<b>6.600.000</b>	<b>6.600.000</b>	<b>100%</b>							

NOTE: DO NOT MIX IB AND INV IN THE SAME ACTIVITY ROW. USE SEPARATE ROW

Amounts net of VAT, (1) In the Activity row use "X" to identify whether IB or INV

(2) Expressed in % of the Total Expenditure (column (a))

## 5. Indicative Implementation Schedule (periods broken down per quarter)

Contracts	Start of Tendering	Signature of contract	Project Completion
Contract 1.1	N+1Q	N+4Q	N+12Q
Contract 1.2	N+1Q	N+4Q	N+6Q

## 6. Cross Cutting Issues (where applicable)

### 6.1 Equal Opportunity

During the implementation of the project there will be no discrimination on the grounds of race, sex, sexual orientation, mother tongue, religion, political or other opinion, national or social origin, birth or other status. Equal opportunities for women, men and minorities will be ensured during the implementation of the project. The Serbian laws and regulations concerning equal opportunities for women, men and minorities will strictly be followed.

The issue of gender equity in the Serbian Health Sector should be located within the broader context of equality policies in the public sector. There is evidence that the debate is generally fragmented and uncoordinated, with progress being dependent mostly on individual enthusiasm rather than organisational commitment.

There are major differences in the patterns of health needs experienced by men and women. The most obvious reflect biological or sex differences. Diseases such as cancer of the cervix or are sex specific but research indicates that there are broader genetic hormonal and metabolic differences between the sexes that have to be taken into consideration when benchmarking quality health care services.

In general, the screening component will benefit women in particular, as both cervical and breast cancer is gender specific.

### 6.2 Environment

Training, as a component of this programme, should take into account the need to raise awareness about the importance of a healthy environment, as environmental hazards can be the potential causes of cancer.

### **6.3 Minorities**

Organised cancer screening is a patient-oriented aiming to ensure fair access to health care services for men and women, ethnic minorities and people with special needs.

This project will benefit all groups of citizens, including those belonging to minorities. By establishing systematic screening programmes across the country and at all relevant health care levels, the project will support the provision of equal access to preventive health care services for all.

## ANNEX I: Log-frame matrix

<b>LOGFRAME PLANNING MATRIX FOR Project Fiche</b>	Programme name:		
<b>Implementation of the National Screening Programme for Breast Cancer, Cervical Cancer and Colorectal Cancer</b>	Contracting period expires: 2 years after signature of financial agreement	Disbursement period expires 5 years after signature of financial agreement	
	Total budget: <b>€6.6 million</b>	IPA budget: <b>€6.6 million</b>	
<b>Overall objective</b>	<b>Objectively verifiable indicators</b>	<b>Sources of Verification</b>	
To contribute to the improvement of the health and wellbeing of the population of Serbia by strengthening preventive health care services.	Reduced mortality rate of cancer to 17% (19.7% baseline) by 2015.	Statistical Yearbook of the Institute of Public Health of the Republic of Serbia	
<b>Project purpose</b>	<b>Objectively verifiable indicators</b>	<b>Sources of Verification</b>	<b>Assumptions</b>
To improve the health of the population in Serbia through implementation of organized screening programmes for breast cancer, cervical cancer and colorectal cancer.	<p>Number of screenings performed in Serbia per year, based upon the following targets:</p> <p>1. Baseline for cervical cancer: coverage for cervical cancer - 20% of women aged 20-65 (450,000) in 2009. Target by 2013 - 70% of target population (1,600,000)</p> <p>2. Baseline for breast cancer: coverage for breast cancer screening - 10% of women aged 50-70 (95,000). Target by 2013 - 60% of target population (550,000)</p> <p>3. Baseline for colorectal cancer: coverage for colorectal cancer screening - 5% of population aged 50-70 (85,000) in 2009. Target by 2013 - 60% of target population (1,000,000)</p> <p>Decrease in rate of population suffering from breast, cervical, colorectal cancer</p> <p>Number of health institutions with an operational and functional screening system:</p> <p>158 primary health care centres</p> <p>40 general hospitals (secondary health care level)</p> <p>9 institutions at the tertiary health care level</p>	<p>Statistical yearbook of the Institute of Public Health of the Republic of Serbia</p> <p>Plan of Network of Health Institutions, document of the Ministry of Health</p> <p>Routine data collected through the health institutions (primary and secondary level), Institute of public health network, the Health Insurance Fund network and Republican statistical Office of Serbia</p> <p>Project documents and Reports</p>	<p>Readiness of all stakeholders to participate actively in implementation of screening programmes</p> <p>Inter-ministerial cooperation (Ministry of Labour and Social Policy, Ministry of Health, Ministry of Education, Ministry of Finance)</p> <p>Financial resources available for continuing the screening programmes over the longer-term.</p> <p>Adequate human resources capacity to conduct the screening programmes over the longer-term.</p>

Results	Objectively verifiable indicators	Sources of Verification	Assumptions
<p><b>1. Functional and operational system for screening breast cancer, cervical cancer and colorectal cancer is in place in the Republic of Serbia.</b></p>	<p>Quality standards for performing screening programmes are established in accordance with EU quality assurance guidelines for all three types of cancer</p> <p>Human Resources Management plan for screenings in place</p> <p>Annual plan for invitation of target groups for medical examination is done</p> <p>Cancer screening data base developed in line with the European Network of Cancer of Registers (module in HIS and in primary health care information system) is operational by project completion.</p> <p>Number of trainings held for health care workers for early detection of cancer</p> <p>Number of health care workers educated to conduct cancer screenings</p> <p>Number of health care institutions equipped for cancer screenings</p>	<p>Reports generated from the database</p> <p>Document on TNA</p> <p>Receipts for equipment delivered</p> <p>Promotional material</p> <p>Reports and minutes from the stakeholders' meetings at the local level with the list of participants</p> <p>Statistical yearbook of the Institute for Public Health of Serbia</p>	<p>Readiness of all stakeholders to participate actively in implementation of screening programmes.</p> <p>HIS operational.</p> <p>Information system operational at the primary healthcare level.</p>
<p><b>2. Public awareness raised on the importance of early detection of cancers among the general population of Serbia.</b></p>	<p>Percentage of women who responded to invitations and came to health care institutions (dom zdravljas or other) after the first and subsequent invitations for screenings for all three types of cancer</p> <p>Percentage of men who responded to invitations and came to dom zdravljas after the first and subsequent invitations for screening of colorectal cancer</p> <p>Number of persons who underwent screening for the 3 types of cancer</p> <p>Number of persons who returned at regular intervals to undergo subsequent screenings</p> <p>Number of early detected cancers annually</p> <p>Number of individual invitations for screenings sent annually</p>	<p>Certificates of trained staff</p> <p>Training programme documentation, including reports and participant evaluations</p> <p>Newspaper articles, television and radio reports/announcements</p> <p>Annual reports about the screenings performed and the number of patients examined</p>	<p>System for continuing medical education of health professionals is in place.</p>

Activities	Means	Costs	Assumptions
<p>1.1. Design of the training programme for health care workers who will be involved in conducting cancer screenings 1.2. Training for health care workers for conducting the screenings for breast cancer, cervical cancer and colorectal cancer.</p> <p>1.3. Installation of equipment for performing the screenings: 50 mammography units; 100 microscopes; 10 colonoscopes; 40,000 FOBT tests.</p> <p>1.6. Development of a data base for relevant data collected through screenings which the National Office for Cancer Screening will use as a necessary tool for monitoring, evaluation and decision making.</p> <p>1.7. Design and trainings for staff in the National Office for Cancer Screening on the coordination, planning, monitoring and evaluation of screening programmes.</p>	<p>A Service contract for 2.1 mil € will cover the activities associated with capacity building (training), data base development and the media campaign. A Supply contract for 4.5 mil € will cover the procurement and installation of the necessary medical equipment.</p>	<p><b>Service contract: € 2.100.000</b></p> <p><b>Supply contract: € 4.500.000</b></p>	<p>Selection of the healthcare institutions is done.</p>
<p>2.1. Development of a media campaign about the importance of cancer screenings.</p> <p>2.2. Implementation of the media campaign at both local and national levels.</p> <p>2.3 Implementation of a call/recall system for invitation of target groups for periodic medical examinations (screening) and ensuring equal access to screening, taking due account of the possible need to target particular socioeconomic groups.</p>			

**ANNEX II: amounts (in million €) Contracted and disbursed by quarter for the project**

<b>Contracted</b>	<b>N+4Q</b>	<b>N+5Q</b>	<b>N+6Q</b>	<b>N+7Q</b>	<b>N+8Q</b>	<b>N+9Q</b>	<b>N+10Q</b>	<b>N+11Q</b>	<b>N+12Q</b>	<b>Total</b>
Contract 1.1.	2.10									2.10
Contract 1.2.	4.50									4.50
<b>Cumulated</b>	<b>6.60</b>	<b>6.60</b>	<b>6.60</b>	<b>6.60</b>						
<b>Disbursed</b>										<b>Total</b>
Contract 1.1.	0.42		0.49		0.49		0.49		0.21	2.10
Contract 1.2.	2.70			1.80						4.50
<b>Cumulated</b>	<b>3.12</b>	<b>3.12</b>	<b>3.61</b>	<b>5.41</b>	<b>5.90</b>	<b>5.90</b>	<b>6.39</b>	<b>6.39</b>	<b>6.60</b>	<b>6.60</b>

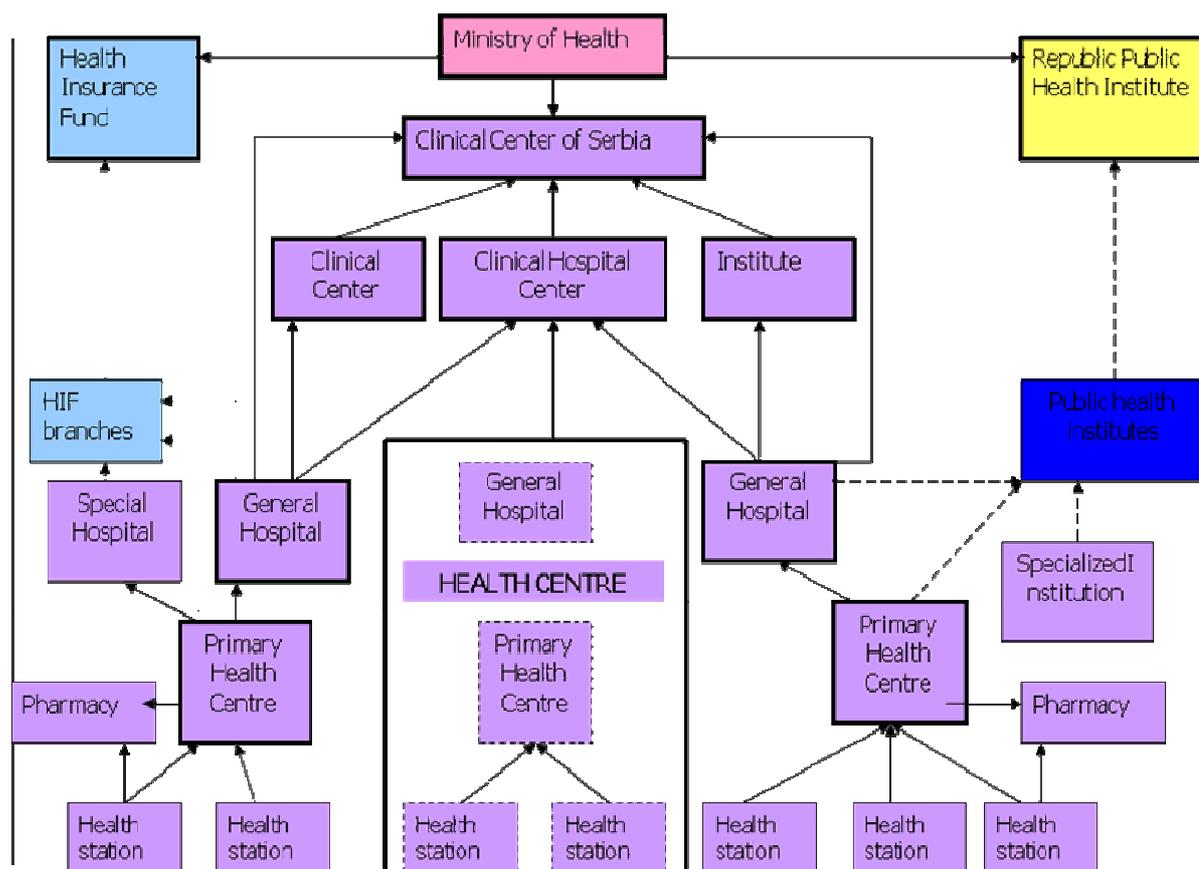
### ANNEX III: Description of Institutional Framework

#### MINISTRY OF HEALTH

The Ministry of Health is organised according to the following sectors:

- Sector for organisation of health service and health inspection
- Sector for sanitary surveillance
- Sector for programs in health care and public health
- Sector for European integration and international relations
- Sector for health insurance and financing in health
- Network of health care institutions: primary, secondary and tertiary health care level

The organisational structure of the public health system of delivery in Serbia is shown in the following diagram



## **ANNEX IV: Reference to laws, regulations and strategic documents**

### **Reference list of relevant laws and regulations**

- *Law on Health Care*
- *Law on Health Insurance*
- *Law on Chambers*

The Serbian Law on Health Care from 2005, Article 2, stipulates the implementation of measures aimed at maintaining and enhancing the health of the citizens, including the prevention, suppression and early detection of diseases, injuries and other health disorders, and timely and efficient treatment and rehabilitation. This Law also states in *Social care for the health of the nation*, Article 8, that the health care system has to provide measures related to prevention, early detection and suppression of diseases. The proposed project aligns directly with these principles.

### **References to strategic documents**

For the **European Partnership**, the reform of the health system and particularly the health insurance fund is determined by financial sustainability with a view of improving the health of the population: “Employment and Social Policy: develop adequate structures and capacity in the field of health protection”.

The project links to the following objective cited in the EP under the Short-term Priorities, European Standards, Employment and Social Policies (page 11): “Develop adequate administrative structures and capacity in the field of health protection.”

For the **MIPD** the project is likely to contribute to the following expected results by the end of the first period of IPA programming, i.e. by 2012. On page 23, 2.3.2.1. Socio-economic requirements, under the 4<sup>th</sup> objective; and the expected results stated in section 2.3.2.2., page 24, the following are anticipated by the end of the period covered by this project:

- ♦ increased access and inclusion of vulnerable groups into the health care system;
- ♦ improved preventive health services with an emphasis on screenings;
- ♦ outreach work in the communities and health promotion;
- ♦ better quality and more efficient services provided by the health care system, particularly within the context of limited assets; and

The aim of the **Poverty Reduction Strategy** in the health sector is to promote the health and wellbeing of the population and, particularly to reduce inequities in health by improving the conditions of vulnerable groups of the population. This objective will be achieved by the development of health and care programmes adjusted to vulnerable groups and the fairer redistribution of resources in the health sector by geographic region (PRS, Section 4.2.1., Goals, page 136).

“Better Health for All in the Third Millennium,” the Health Policy of the Republic of Serbia, adopted in February 2002, foresees:

- A. Safeguarding and improving the health status of the population in Serbia and strengthening the health potential of the nation.
- B. Improvement of functioning, efficiency and quality of the health care system and defining of specialised national programmes related to human resources, institutional networks, technology and provision of medical supplies.
- C. Improvement of the human resources for health care.

Among its objectives, the Policy aims to ensure and improve the equal accessibility to health care for all Serbian citizens with a focus on urban and rural disparities. This includes improving health care of groups in an unfavourable position and having special needs and other vulnerable sectors of the population by recognizing the special health needs of these groups and adopting programmes for synchronised action at all community levels.

The **National Programmes for the screening of cervical, breast and colorectal cancers** are basic sectoral documents for project implementation.

The Serbian health care system recognizes the problem of high mortality related to these three types of cancer and in 2008 the Ministry of Health created these three national programmes which are fully in line with EU standards, but also adjusted to the health status of the Serbian population and to the resources available over the longer term.

**These programs are in line with Council Recommendation of 2 December 2003 (2003/878/EC) on cancer screening and with the respective EU quality assurance guidelines for breast cancer and cervical cancer.**

## ANNEX V: Details per EU funded contract

### 5.1 Service Contract

<b>Contract # and Name</b>	<b>Description</b>	<b>Cost Estimates (EUR m)</b>
<b>Service contract 1</b>	Development of a data base which will collect and update all relevant information obtained through the screenings. Design and delivery of training programme for health care workers at each level of the health care system (depending on the type of screening) to qualify them to perform the screenings for breast cancer, cervical cancer and colorectal cancer. Design and delivery of training for staff of the National Office for Cancer Screening. Design and implementation of publicity/media campaign and out-reach programme for potential users.	<b>2,100,000</b>

### 5.2. Supply Contracts

<b>Contract Name</b>	<b>Description</b>	<b>Cost Estimate (EUR m)</b>
<b>Supply Contract</b>	100 Microscopes 50 Mammography units (analogue) 10 Colonoscopes 250/PHC – 40,000 FOBT Tests	<b>4,500,000</b>